APPLICATION FOR EMPLOYMENT City of Louisville

2373 SOUTH CHURCH AVENUE **P.O. DRAWER 510 LOUISVILLE, MS 39339** "WHERE PEOPLE MAKE THE DIFFERENCE"

William A (Will) Hill Mayor

Full Mailing

cityoflouisvillems@gmail.com

Name: ______ Phone: _____

Telephone: 662.773.9201

Fax: 662.773.4045

Address: SSN: ______ Birthday (Optional) _____ **Previous Address:** Job History 1. Previous Employer _____ Employers Full Address Supervisors Name: Dates of Employment: From ______To _____Position _____ Rate of Pay: \$ _____ per ____ Reason for Leaving _____ 2. Previous Employer _____ Employers Full Address Supervisors Name: Dates of Employment: From _______ To _____ Position _____ Rate of Pay: \$ _____ per ____ Reason for Leaving _____ 3. Previous Employer ____ Employers Full Address Supervisors Name: Dates of Employment: From ______To _____Position _____ Rate of Pay: \$ ______ per _____ Reason for Leaving _____

Education

What is the highest grade completed? ______

College: Name and Address			
Dates Attended: To	From	Graduate Yes	No
High School: Name and Address			
Dates Attended: To	From	Graduate Yes	No
Trades or Skills:			
Military Service:			
References (You must notify	references that they will	be contacted.)	
1. Name	Occupation		
Full Mailing Address:			
How long known?	Phone number		
2. Name	Occupation		
Full Mailing Address:	8		
How long known?	Phone number		
3. Name	Occupa	tion	
Full Mailing Address:	Sugar	0 11120	
How long known?	Phone number		
Position Applied for		Minimum Salar	y?
Recommended by?	OR how o	lid you learn about tl	his job
Date	Signature _		
The City of Lopen to the control of the control	ouisville is an equal oppo		l security card
❖You are encouraged to also		n with Express Persor	nal Services at
	ations remain on file for		-
	all applications to Louisv		